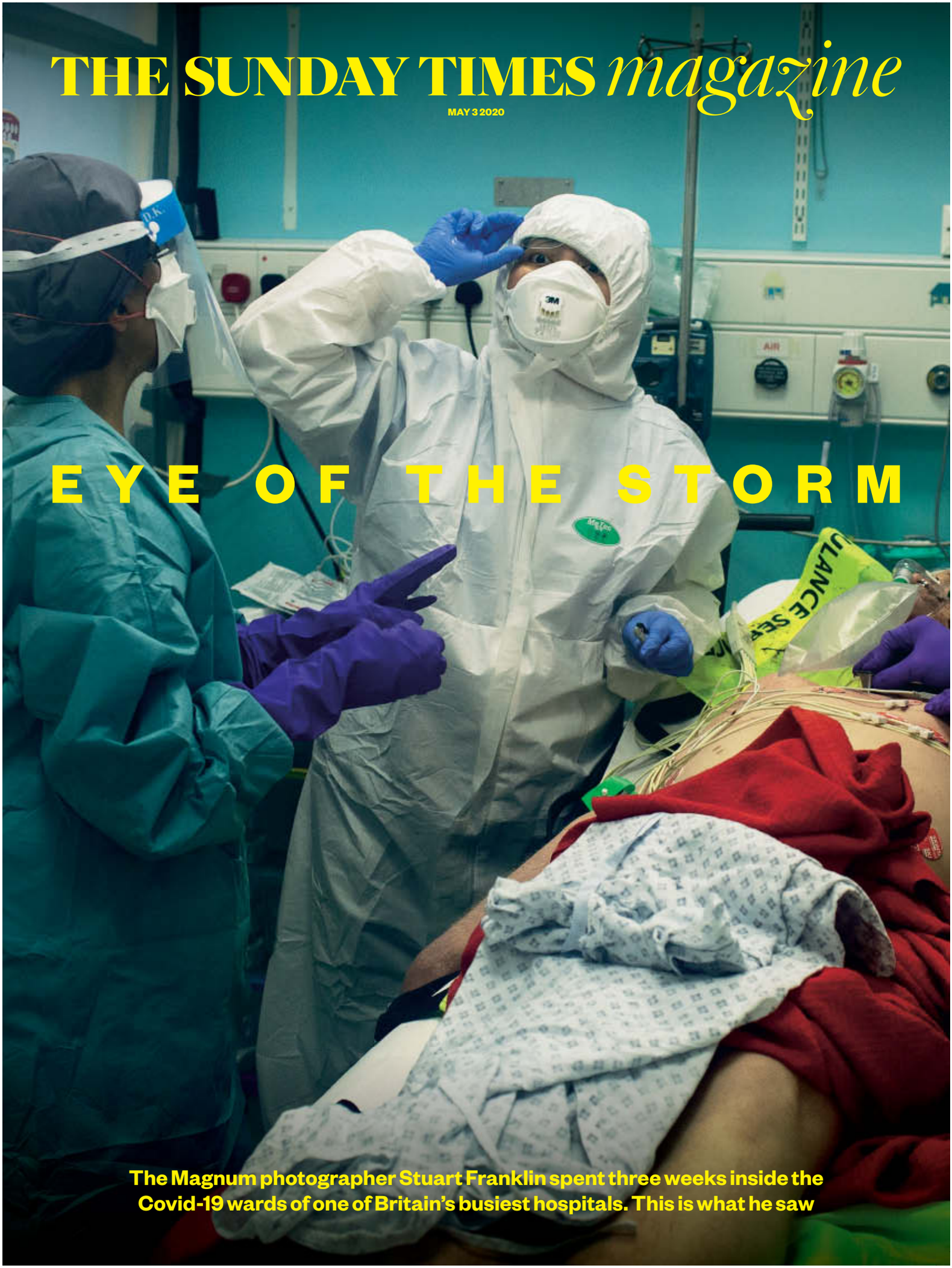
THE SUNDAY TIMES *magazine*

MAY 3 2020



EYE OF THE STORM

The Magnum photographer Stuart Franklin spent three weeks inside the Covid-19 wards of one of Britain's busiest hospitals. This is what he saw

Three weeks in April

The award-winning photographer *Stuart Franklin* reports from the Covid wards of one of Britain's worst-hit hospitals

They are all dead." These chilling words were relayed to Dr Louise Robinson by her team of trainee medics at 10am on April 6. Robinson, a palliative care consultant at West Middlesex University Hospital in Isleworth, west London, had left her family home 20 minutes earlier and walked to work in the spring sunshine. Now six despondent young doctors in the hospital's acute medical unit (AMU) have revealed the grim news that 20 patients died over the weekend. One added: "This is not what I thought medicine was going to be." Their goal was to save lives, not watch all their efforts come to nothing.

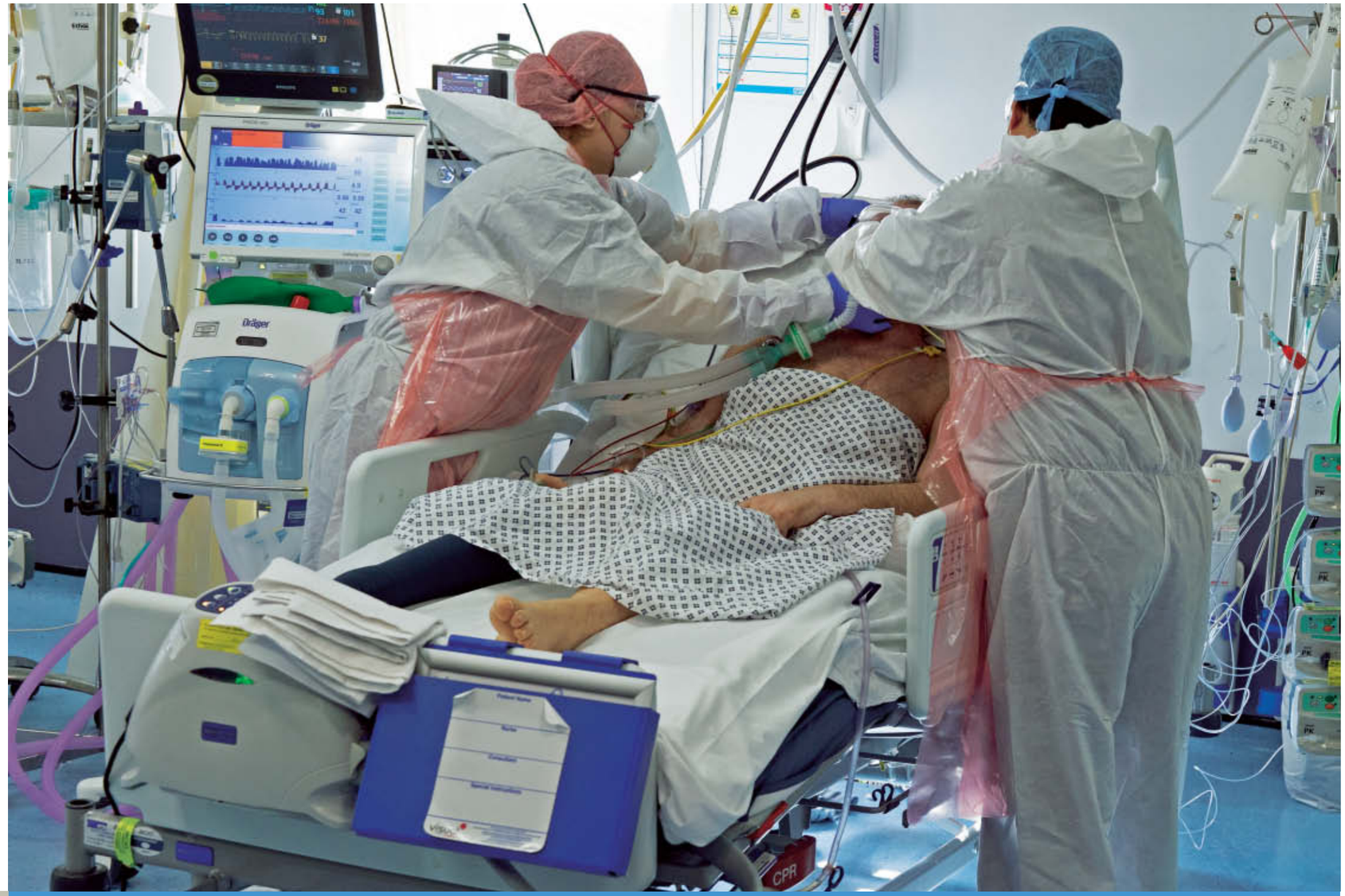
April has been the cruellest month for London hospitals at the front line of the coronavirus pandemic. No one involved in critical care at West Mid (as the hospital is known to staff) will ever forget the week leading up to and including the Easter bank holiday. Annie Redwood, a senior nursing sister, returned to AMU on April 6, looked through her rota and noted that 23 of her 70 nurses were off sick, 21 with suspected coronavirus. Agency nurses retreated when told the hospital was treating patients with Covid-19. Support came from other areas of the hospital, such as A&E. "The struggling. The breathing. I can't bear it," Redwood said. In 34 years of active nursing, Easter Saturday was the first time she had gone home and wept: "I went and truly sobbed about all the little things that went out of the window."

My wife, Dr Caroline Smith, an A&E consultant, has worked without taking a day's sick leave at West Mid. When she told me that a quarter of her doctors and a similar fraction of A&E nurses were off with suspected coronavirus, I asked if I could document what was really happening on the front line. After all, we were at risk of being exposed to the virus at home anyway, no matter how many precautions we took.

Hospitals are disorientating places. It's the assorted entrances and exits, the labyrinthine corridors and the signage. Trepidation at the time of Covid-19 has kept most non-Covid patients away. The only visitors allowed are those who come alone — for 15 minutes — to see a dying relative. Most deteriorating Covid-19 patients arrive at the doors of A&E by "blue-light" ambulance. Patients who come to hospital struggle to breathe as the virus invades and replicates in the lungs. If, during the worst of the pandemic, West Mid has become an office of respiration (to borrow Charles Dickens's phrase), oxygen has been its lifeline. Frosted pipes form the system's aorta, issuing from the base of two white cylinders of liquid oxygen stored in a corner of the car park. They feed life out to perhaps 150 patients at any one time across the site. The hospital director, Mark Titcomb, 52, a former submariner, understands the urgency of oxygen supply better than most. "What we did very quickly was to check flow rates against predicted patient numbers," he says. On the worst of days, when oxygen was in most demand, intensive care units (ICUs) and the wards were well supplied.

West Mid began life in 1896 as a workhouse infirmary. Today, after a private finance initiative rebuild, it's a modern teaching hospital off the Twickenham Road, and a sister site to Chelsea and Westminster Hospital. It boasts a string of achievement awards in maternity care and emergency medicine. The combined Chelsea and Westminster NHS Foundation Trust houses the third or fourth largest emergency department in England, and is, in Titcomb's words, "one of the top performers".

Patients arriving at the ambulance bays outside A&E are triaged: the "red zone" for those with suspected Covid; the "green zone" for other ailments. Blue-light ⋙→



PREVIOUS PAGES
At West Middlesex University Hospital, a patient lies in prone position to aid his breathing

ABOVE
In the intensive care unit (ICU), the worst-affected patients fight for their lives on ventilators

LEFT
Staff in the Covid "red zone" prepare to receive a trauma patient arriving by ambulance

RIGHT
Staff nurse Felix Soriano, 50, wears a Venturi mask as he recovers from the coronavirus

"The struggling. The breathing. I can't bear it," said a senior nursing sister. In 34 years, Easter Saturday was the first time she had gone home and wept

ambulance arrivals are forewarned on large televisions on the "shop floor", where senior nurses and doctors keep records up to date, track patients and examine x-rays.

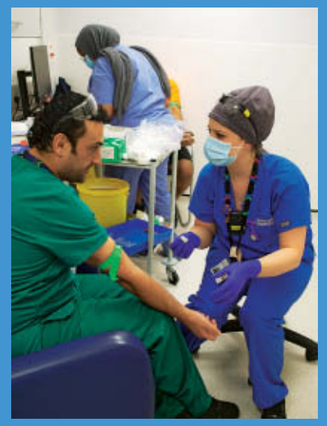
Patients with non-life-threatening symptoms might begin with a short stop in one of the cubicles in A&E. There they are "swabbed" for the coronavirus and DNA samples are drawn from body fluids in the nose and mouth with cotton buds. I watched a young nurse perform this ritual on a middle-aged lady who found the hearty prodding of her nasal passages almost unbearable. Along the corridor, a Polish man was sitting up in bed being x-rayed by two radiographers. For patients afflicted by the coronavirus, a smokiness around the edges of the lung might reveal the extent to which the virus has been at work replicating itself and inhibiting lung function.

Those with severe Covid-19 symptoms tend to take two roads, both of which lead across a skybridge. Those with the best chance of survival are likely to end up in the ICU; those with more underlying problems are often sent to AMU to sink or swim with oxygen delivered via non-invasive ventilation or continuous positive airway pressure (CPap) masks, devices associated with treating breathing conditions such as sleep apnoea at home. Less suited for continuous use, during the Covid-19 crisis they have become a midway option in some hospitals between the less-constrictive Venturi-type masks and being put on a ventilator in ICU, where beds and support staff are limited.

At West Mid, the ICU has quadrupled in surface area to cope with the pandemic and it now has the look of a 1970s science fiction film set. The wooden batons, duct tape and polythene cladding add a theatrical flourish to the subdivisions. Doctors in white coveralls and masks, orange aprons and mauve gloves, all wearing visors, patrol the 30 bed spaces: checking monitors, turning dials, delivering drugs intravenously, recording patient temperatures and arterial blood oxygen saturation ("sats"). Patients here are comatose, sedated by anaesthetists, and wired up to a computer-controlled turbopump that delivers oxygen down an artificial tube and past the vocal cords in the trachea. Air then reaches the alveoli in the lungs, where gas exchange takes place: oxygen in, carbon dioxide out. Patients on mechanical ventilators are unable to speak, but emit a moaning sound, especially when disturbed.

Many lie prone to facilitate respiration, their faces turned to one side as oxygen from those white cylinders travels down small pipes to feed their lungs. Most are men; more than half are non-white. I visited the ICU twice and each time it involved the rigmarole of dressing up like an extra in the film *Contagion* and sweating profusely. During one visit I was invited to witness a "proning": the complex task of turning an intubated patient who was bleeding profusely. Were the patient to awaken, he would have found eight or 10 pairs of gloved hands surreally gripping his sheet: a vision of Olympic scullers moving a boat while dressed in space suits.

The struggles to breathe, which lie at the heart of advanced coronavirus symptoms, are most audible in AMU and the Covid wards where the patients are conscious. I met William Rust, 73, who had been hit with the double whammy of chronic obstructive pulmonary disease — often associated with smoking — and the coronavirus. His primary wish was to be able to walk to the window, three or four bed spaces away. "The worst thing about fighting to breathe is that you feel so weak and helpless," he tells me, inhaling with the aid of a nasal canula. "I watched four men die in here." Not many get to go home ⟶

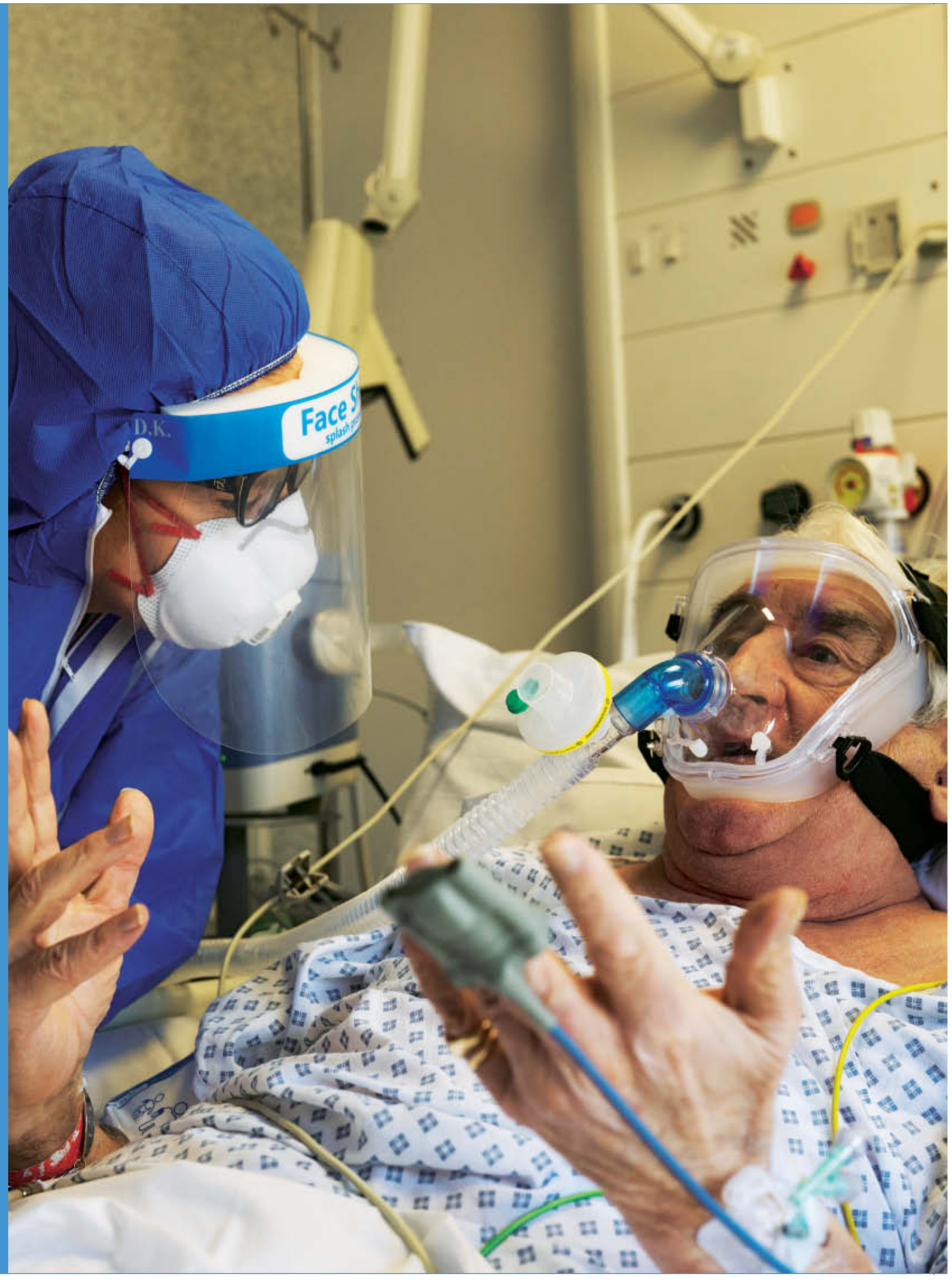


Drugs can help to calm patients, but so can all the other things that nurses do: the reassurance of touch, cups of tea

LEFT
Staff at the ICU put on personal protective equipment — gowns, aprons, gloves, visors and masks

TOP
Initial findings from antibody tests suggest more than half of Covid staff have had the virus

RIGHT
Dr Louise Robinson attends to her patient Geoffrey Culmer, 72, who wears a CPap mask



Not many get to go home from this ward. "Is that where you go to die?" one patient asked when told he was being moved there

TOP
Dr Helen Burgess cares for Carlos Campbell, 47, who clings to life on oxygen support

FAR LEFT
The emergency department on the UK's deadliest day, when 980 hospital deaths are recorded

ABOVE LEFT
In the radiology department, the team examines a scan of a Covid-19 patient's lungs

LEFT
A patient is x-rayed for lung complications after having breathing difficulties

from Marble Hill 1, the ward where I meet Rust. "Is that where you go to die?" one terrified patient asked when told he was being transferred there.

Rust is cheered by Dr Lauren Bull, 38, an HIV and sexual health consultant at the hospital, who volunteered in March for her new role supporting coronavirus patients. With three young children at home, Bull is "very reassured that children are not exposed".

In three weeks of visiting the Covid wards I saw only adults, mostly men in late middle age. Children do catch coronavirus, but rarely get sick. As the virus mutates that may change, suggests Dr Mohamed El-Askary, the clinical director of A&E, who set up a Covid-19 WhatsApp platform to trawl for and disseminate new findings. "Rarely does an emergency medical consultant come across a condition he hasn't seen before," he says.

On the wards, Bull finds the small, non-medical interventions most rewarding, such as passing a note from a husband to his wife on another ward, helping someone who has lost their glasses to read a supportive text message, or lending her own phone — placed in a blood bag and set on "speaker" — to enable an exchange with a loved one. This is a common kindness offered during this crisis, but leads, sometimes, to the uncomfortable sharing of emotional family space. Lack of privacy in the wards is exacerbated by the need to shout to be heard through masks and ventilators. Nobody wants to hear, shouted out, "Have you been to the toilet?"

Palliative care, with its roots in the world of cancer management, is focused on a wider holistic horizon, on the people and things that matter to the patient, as well as curative solutions. Robinson refers to the vicious cycle where anxiety and breathlessness circle around aggravating each other. Drugs such as midazolam and morphine can help, but so can all the other things that doctors and nurses do to calm the understandably scared patients: the reassurance of touch, cups of tea, special pillowcases and engaging with things that matter most to them.

These seemingly small, selfless acts are as heroic as the larger ones that one might imagine doctors doing in the course of saving a life. With grant funding, Robinson has brought 100 sterilisable FM radios to the wards, as well as some iPads. Robinson, together with Dr Antonia Field-Smith, has created a planner to help junior doctors manage the awful communication problems incurred while supporting coronavirus patients in their world of sensory deprivation.

As most patients are suffering from the same condition, it is easy for them to blur into one. Finding the person in the patient is key; naturally, there are some patients with whom medical staff make a special bond and their passing can be deeply traumatising. "The worst days," admits Dr Helen Burgess, a brilliant respiratory consultant who took me on her ward round on AMU, "are when you lose patients with whom you have a connection." One patient was taking her last breaths when her child visited with another relative, both offering reassurances. Speechless under her mask, "she drank them in with her eyes" as Robinson described the moment, her own eyes watering. The woman had been desperate not to die.

Wearing a CPap mask has been described as putting your head out of a car window while driving down a motorway. Patients with high oxygen dependency are unable to eat or drink, sometimes for days, while suffering from a combination of fear and claustrophobia.

I was introduced to Carlos Campbell by Burgess on Thursday, April 9. He appeared to be managing well on his CPap. Two days later I found Burgess comforting Campbell on the side of his bed, his head buried in his hands. He had removed his mask. A few more days passed and Campbell found that his CPap was not helping. He told the distraught nurse caring for him that he wanted to remove it and asked for a beer instead. He knew what he was doing. Knowing that nothing could be done to save him with or without the mask, the acute medical consultant, Dr Ash Sadighi, elected to respect the patient's wishes. He found a bottle of London Pride in his office, and Campbell, a man of Jamaican heritage, asked only that the beer be chilled.

Carlos Campbell died on Monday, April 20. He was 47. His heartbroken Macedonian wife, Verica, remembers her husband "as a fighter. He had such a big heart. He had a heart for everyone." She recalls him never saying anything bad about anyone. "He loved his cigars, his MG sports car. He was an excellent football player." Together they had bought a dream home in Bulgaria.

Another patient nearing the end asked for a bottle of wine to share with his brother. A nurse found one in her car. The brothers stayed together through the night, sipping white wine, one watching the other becoming hypoxic and turning blue, until the end. Another devout patient died, having removed his CPap mask, listening to the Easter Vigil.

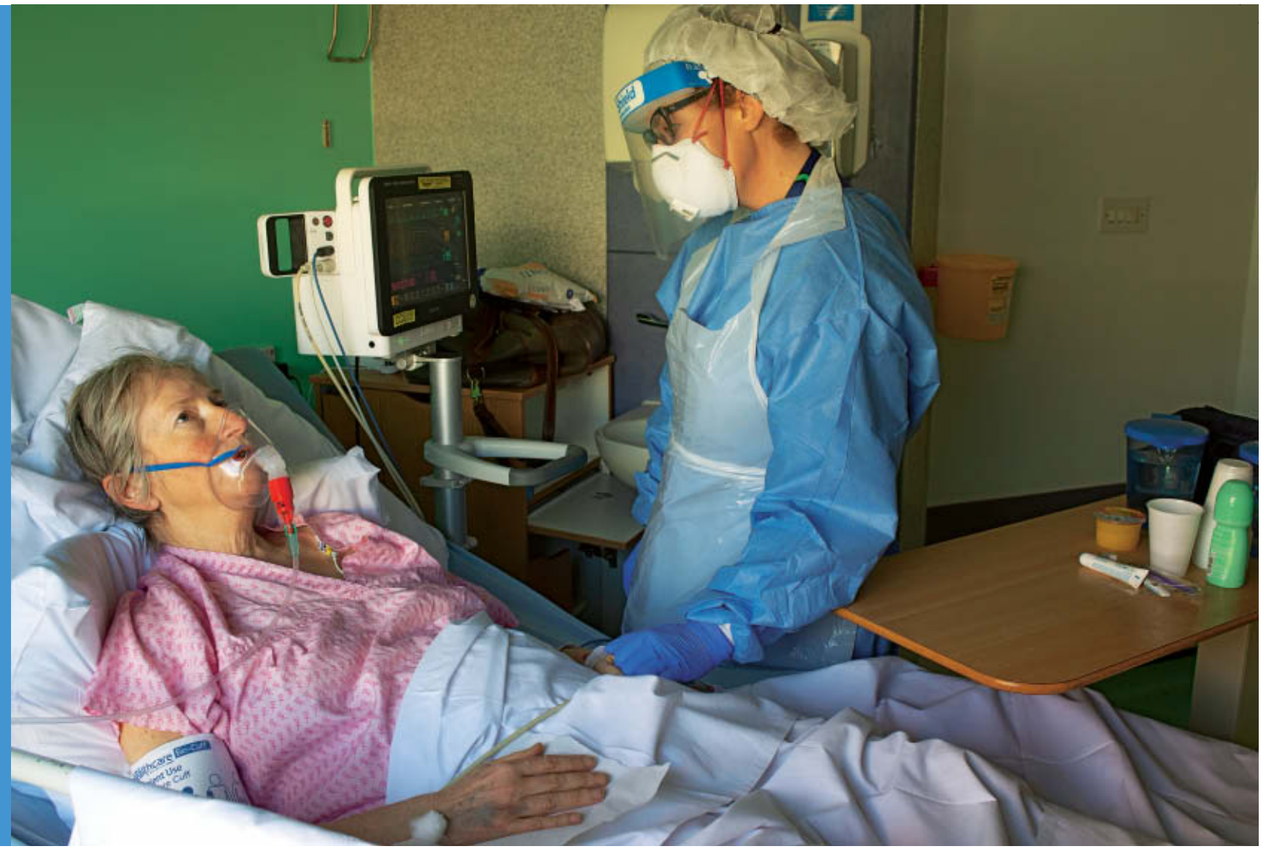
The doyenne of palliative care was Dame Cicely Saunders (1918-2005), whose axiom was: "You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die." Given staff shortages, the guidance to limit time with patients to 15 minutes and the increasing number of high-dependency ⋙→

The supportiveness of the hospital staff towards each other will be remembered for years as a feature of this pandemic

TOP LEFT
A mortuary porter arrives at the acute medical unit to remove the body of a patient

LEFT
The porter and two nurses move a body on to a trolley to be taken to the mortuary

RIGHT
Dr Louise Robinson attends to Anne Hutchinson, 70, who is back on normal oxygen support



cases, I asked Robinson: "Can people die too peacefully?" That is, are patients left feeling alone? That was the only complaint I heard from any patient at any point. All revered the doctors and nurses, but the perfect storm of rising demand and staff sickness over that horrendous week in April took its toll. "My nursing team was devastated that they couldn't stay with their patients as they deteriorated," Robinson recalled. "Not being alone," Dr Helen Burgess is keen to emphasise, "is really important."

On Easter Saturday in AMU, Annie Redwood's worst day, I saw a porter standing beside the nurses' station. "Have you brought a patient up?" a nurse asked him. "No," he said, "I only take them away." To the mortuary, he meant. He was waiting to remove two bodies. He needed a doctor (none was free) to certify the death, and another porter who never appeared — porters were going on sick leave too.

That day I was invited to go into a four-bed ward to speak to one of the elderly patients. He was sitting up in a nondescript hospital nightgown with his Venturi mask off to one side, eating a fish lunch. To his left, another white man of similar vintage was doing the same. To his right, the pastel curtain had been drawn round a bed space. I peeked inside.

An Asian man was lying on the bed dressed as the other diners, but he had died. His eyes were wide open, thin pink lines around the sockets, probably coloured by the eye strain of forced oxygen flow to his face. In the adjoining ward, the lady who had had the swab was in bed knitting. Across the room there was another drawn curtain and another body, this time wrapped in a shroud and a white plastic body bag. After some delay the body bag was pulled onto the porter's trolley with the help of a young staff nurse and another victim of the coronavirus was wheeled away to the temporary mortuary in the car park.

Amid so many tragic moments there are occasional uplifting scenes of endeavour and survival. Geoffrey Culmer, 72, and Anne Hutchinson, 70, are both improving, as I write, on CPap and non-invasive ventilators in AMU. Geoffrey was awaiting his iPad. Anne, a retired assistant head teacher, calmed herself by listening to Classic FM on one of Robinson's radios; but her memories of CPap are the stuff of nightmares, of being "assailed by thoughts of hopelessness" and the almost unendurable struggles to breathe. "The temptation is almost beyond belief to take the mask off," she confessed.

She is critical of the mask's design. It squeezed her nose and was so heavy on her face that she had to prop it up with her black washbag held on her knees, hour after hour, day after day. She kept calm by designing and stitching, in her imagination, an elaborate green ballgown. The only time she broke down was when she was told she'd have to put the mask back on just as she thought she was through the worst of it. "I really thought I'd seen the end," she said.

On the other side of the hospital, in Lampton ward, I met Felix Soriano, 50, a much-loved Filipino staff nurse working in the A&E department. His 21-year-old daughter, Seth, brought him to hospital on April 8. He was struggling to breathe and was put on CPap in ICU. "That CPap," he recalls, "I had to learn how to breathe with the machine. I saw death there, if I made a mistake. I was really, really, really scared." But Soriano prayed and never lost hope. He found succour in the incredible upwelling of support from his wife, Maria, from Seth, and from the nurses and doctors around the hospital who sent hundreds of supportive WhatsApp messages. "They consider me as family. Without their prayers, their advice, their love, I would have lost hope."

ALL IMAGES ©STUART FRANKLIN/MAGNUM PHOTOS

THE UNFLINCHING EYE

Stuart Franklin is a British photographer, writer and author who joined Magnum Photos in 1985. Over an illustrious 40-year career he has reported from many of the world's conflict zones, including Lebanon, Syria and Sudan. He has documented the migrant crisis in Calais, as well as the impact of climate change in Antarctica and Europe. While covering the uprising in Tiananmen Square in 1989, he shot one of the "Tank Man" photographs. The image (above), depicting a lone protester halting a column of tanks, earned him a World Press Photo award. He married Dr Caroline Smith, an A&E consultant at West Mid, in 2012.

Soriano, a British citizen who has worked at West Mid since 2009, went home just three hours after I visited him for a second time. He had a message for others in peril: "If I could do it, they could do it too."

The supportiveness of the hospital staff towards each other, working within unfamiliar teams, will be remembered for years as a feature of this pandemic. The hospital director, Mark Titcomb, is most proud "of the sense of family and community" that has emerged during this crisis. The gratitude of the community is reflected in the Thursday evening Clap for Our Carers, where, on April 16, I watched 70 or so firemen, police, paramedics — as well as NHS staff — applauding outside the main entrance, many fixed on those visible above the entranceway: the ICU doctors and nurses unable to leave their patients.

The showering of loving, hand-painted cards and gifts in the form of food for hospital staff has been impressive to witness: from the high-street supermarkets and restaurants to the smallest local pizza firm. But while, as Dr Lauren Bull emphasises, "it's really nice to see the outpouring of support for the NHS", I also feel a colossal urge to thank the patients, and their families near and far, for their graciousness and courage throughout this testing time ■